

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Attorney's Docket No.

RDN02124

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**POLYMER BASED FORMULATION FOR TEXTILE RINSING**

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as United States application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended on \_\_\_\_\_ (if applicable)

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) of which priority if claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119 or 365:**

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No



Full name of sole or first inventor <b>Cedric GEFFROY</b>	Signature	Date (MM/DD/YYYY)
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Post Office Address		

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Post Office Address		

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